

# Product and Benefit Selection Form For Small Business



<b>1</b> <input type="checkbox"/> Single Option <input type="checkbox"/> Dual Option <input type="checkbox"/> Multi-Site	1b What is the Dual Option Plan Code(s)? _____ 1c List all other locations _____
<b>2</b> Medical Plan Code(s) _____ _____  Second Location _____ _____	2b. Will this plan co-exist with another health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name of carrier _____
<b>3</b> Dental Plan Code(s) _____ _____	3b. Has this group been covered for major dental services for the previous 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name of carrier _____
<b>4</b> Vision Plan Code(s) _____ _____	
<b>5</b> Life Amount(s) Employee \$ _____ Spouse \$ _____ Child(ren) \$ _____	
<b>6</b> Supplemental Coverage(s) Life \$ _____ AD&D \$ _____ STD _____ LTD _____	
<b>7</b> Optional Rider(s) <input type="checkbox"/> 24 Coverage (At Occupation coverage) <input type="checkbox"/> Other (Please list) _____ _____ _____ _____	7b Who is eligible _____
<b>8</b> Other Notes    	

[\_\_\_\_\_] INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS TO \_\_\_\_\_ SMALL EMPLOYERS OF [2 - 50] EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.]